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CONFIRMATION NO. 4633

<b>SERIAL NUMBER</b> 10/572,912	<b>FILING OR 371(c) DATE</b> 11/29/2006 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3626	<b>ATTORNEY DOCKET NO.</b> 069944-0902
<b>APPLICANTS</b> James E. Polli, Ellicott City, MD; Stephen W. Hoag, Baltimore, MD;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US04/30977 09/22/2004 which claims benefit of 60/504,774 09/22/2003				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 01/08/2007				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowed Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 32
				<b>INDEPENDENT CLAIMS</b> 8
<b>ADDRESS</b> JAMES E. POLLI 3524 BUCKS COUNTY COURT ELLICOTT CITY, MD21043				
<b>TITLE</b> Drug authentication				
<b>FILING FEE RECEIVED</b> 1165	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	